

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	K H	10	10-31-31
FORMALITY REVIEW	TB	Jc 1102	11-13-01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected  
 - ..... Allowed  
 (Through numeral) ..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

09/977/25

Claim	Date
Final Original	
1	10/31/31
2	10/31/31
3	10/31/31
4	10/31/31
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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8:29 11/15